

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101567990

FILING DATE

2-10-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1-		
3				1-		
4				3		
5				3		
6				3		
7				1-		
8				1-		
9				1-		
10				1-		
11				1-		
12				1-		
13				1-		
14				1-		
15				2		
16				2		
17				2		
18				1-		
19				1-		
20				1-		
21				1-		
22				1-		
23				1-		
24				1-		
25				1-		
26			1			
27				1-		
28				1-		
29				1-		
30				4		
31				4		
32				4		
33				4		
34				4		
35			1			
36				1-		
37				2		
38				2		
39				2		
40				2		
41				2		
42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	67	←		←
TOTAL CLAIMS			70			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						